E	nclose check money order	
	DO NOT SEND CASH	7

## **Application for a Statement of Professional Recognition**

Во	ard of Educational Examiners Use Only

9/06

## **INSTRUCTIONS:**

- 1. Attach official/original college/university transcript(s) showing all degrees held and date conferred. NO GRADE REPORTS OR COPIES ACCEPTED.
- 2. A complete application must include the completed application, official transcripts, fee, copy of lowa Department of Public Health license, and fingerprint cards.
- 3. Enclose an \$85 nonrefundable licensure fee and remit check or money order made payable to the **Board of Educational Examiners, Licensure, Grimes State Office Building, Des Moines, IA 50319-0146**.
- 4. Complete the fingerprint packet information. Enclose the \$52 fee. (You may combine the \$85 and \$52 fees and send a single check/money order for \$137.)
- 5. Please allow 6 to 8 weeks to process.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	☐ Male ☐ Female	
Last Name	First Name	Middle Name	Maiden Name	
Address	City	State	Zip Code	
Home Phone	Work Phone	Email Address	I	
Do you hold a valid license from the Iowa Department of Public Health? Yes No (If "Yes," send a photocopy of it with your application.)  Degree(s) held and date conferred:  Bachelor's Institution Master's Institution Month Day Year				
Background Information:  For any "Yes" response, attach a written explanation on 8 1/2" x 11" paper. Be sure to include the date of the violation.  DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application, if no further conviction(s) has occurred.				
b. Yes No PR    c. Yes No PR    d. Yes No PR    e. Yes No PR    f. Yes No PR	<ul> <li>(NOTE: Include all deferred judgments.)</li> <li>Do you currently have any criminal charges pending against you?</li> <li>Have you ever had a founded report of child abuse made against you?</li> <li>Have you ever had an educational or professional license revoked or suspended?</li> </ul>			

Statement of Permission and Fraud:					
I hereby give permission for the Board of Educational Examiners to conduct both an Iowa criminal history record check with the Division of Criminal Investigation and a national check through the Federal Bureau of Investigation. Any information maintained by the DCI or FBI may be released as allowed by law.					
An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.					
I certify under penalty of perjury and pursuant to the laws of the state of lowa that the preceding information is true and correct.					
Signature of Applicant Date					
Section II (To be completed by employer) Request for issuance of a Statement of Professional Recognition					
The area education agency or school district requests that					
(Name of Applicant)					
be issued a Statement of Professional Recognition to serve as					
(LIST SPECIFIC POSITION)					
Signature of AEA or School District Administrator Date					